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## PATENT, TRADEMARK, COPYRIGHT AND UNFAIR COMPETITION LAW AND RELATED LITIGATION

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## FACSIMILE COVER SHEET

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TO: Examiner Clark Dexter

Fax No: 703/305-3579

Pages (including cover page): 7

Date: August 22, 2003

FROM: Keith R. Haupt, Esq.  
 Reg. No. 37,638

Re: This fax includes: Amendment Transmittal; Amendment

In re application of: Brian J. Roberts, et al.  
 Serial No.: 09/385,336  
 Filed: August 30, 1999  
 For: GAMING DEVICE AND METHOD

Examiner: C. Dexter  
 Group No.: 3724

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<u>Keith R. Haupt</u>	<u>8/22/03</u>
Keith R. Haupt	Date

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brian J. Roberts, et al.

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Examiner: C. Dexter

Filed: August 30, 1999

Group No.: 3724

For: GAMING DEVICE AND METHOD

COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

FAX RECEIVED

AUG 25 2003

GROUP 3700

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.
- ☒ Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  
  
☐ Enclosed is a verified statement to establish small entity status.  
  
☐ Other Than a Small Entity.
- The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		LARGE ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
TOTAL	*13	MINUS	**34	0	x 9	\$0	x18	\$
INDEP.	*6	MINUS	***7	0	x42	\$0	x84	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+140	\$0	+280	\$
					TOTAL FEE	\$0	TOTAL FEE	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.


☒ No additional fee for claims is required.☐ Total fee for claims required \$\_\_\_\_\_.

- Attached is a check in the sum of \$\_\_\_\_\_.

Please charge my Deposit Account No. 23-3000 in the amount of \$\_\_\_\_\_. ☐ A duplicate copy of this sheet is attached.

CERTIFICATE OF FACSIMILE

I hereby certify that this paper is being facsimile transmitted to Mail Stop Fee  
Amendment, Commissioner for Patents, Art Unit 3724, at facsimile telephone number (703)  
305-3579 on August 22, 2003.

  
\_\_\_\_\_  
Signature of Attorney, Reg. No. 37,638

  
\_\_\_\_\_  
Date